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Febris infantum putrida.

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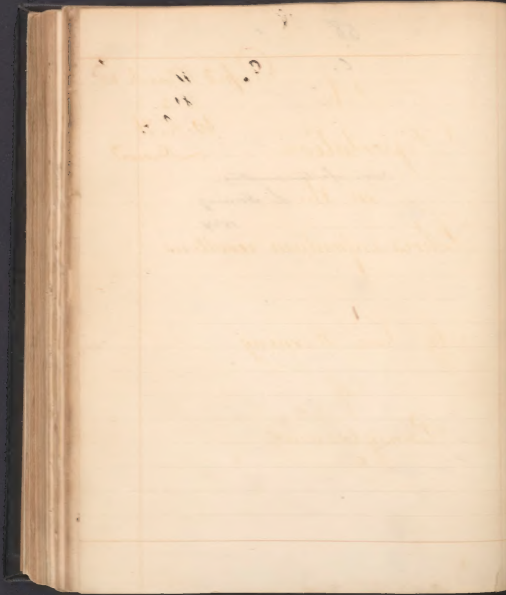
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A Paper March 10th
1824

W. L. H.
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Dissertation
on the
Febris infantum remittens

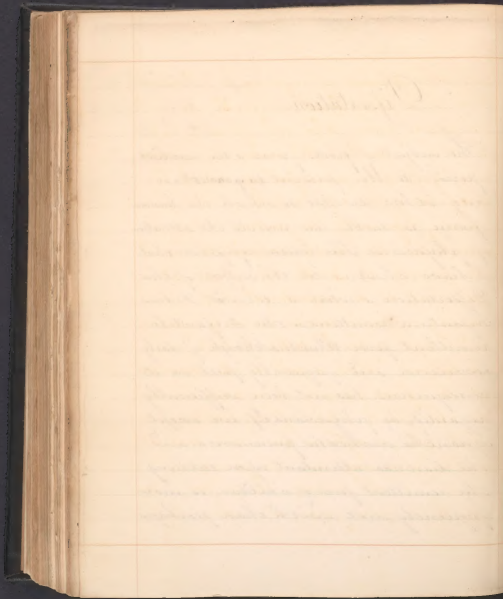
by Lewis Horning
of
Pennsylvania.



Dissertation.

The subject of fever, from the earliest period to the present day, more than any other disease to which the human frame is liable, has received the attention of physicians. The species of fever that I have chosen, for the subject of this Dissertation, is what is termed *Febris infantum remittens*, or the Infantile remittent fever. Which, although of daily occurrence, and frequently fatal in its consequences, has not been sufficiently regarded by physicians. If we except *cynanche trachealis*, pneumonia, and the diarrhoea attendant upon teething, the remittent fever of children is more frequently met with, than perhaps

any other disease of infancy or childhood
This is a complaint confined to
children from the age of one year
to ten or twelve. It makes its advances
very gradually, manifesting itself by
irregularity in the bowels, which are
more frequently too costive, though
sometimes too much relaxed. It will
be proper to divide the fever, at
present to be considered, into that
variety which occurs in early infancy,
and that which takes place in
childhood. With regard to the description
of the first variety it is very similar
to the early stage of hydrocephalus,
but the remissions are more distinct
in the morning, and the paroxysms
greater in the evening. The pulse is very
quick in this fever, the skin hot,



the mouth warmer than usual. But
in the early stage of hydrocephalus.
the pulse is more irregular and often
beats alternately quick and slow for
two or three pulsations. The child
is generally at first fidgety, costive
and inclined to vomit, then he
becomes more oppressed, and in some
cases has slight cough, with increased
secretion of phlegm in the trachea,
in some cases, he does not for hours
lift his eyes, till the remission
comes, when he looks up, and
attends to the objects presented to
him for a short time. He sucks
in general freely, and sometimes bites
the nipple, and very often aphetha
appear in the mouth. There is
irregularity in the bowels, but

whether the stools be frequent or
seldom they are generally green or brown,
and offensive. The urine is generally high
coloured and scanty and sometimes the
gut sweet a little, and when it
become cold, If the disease move farther
it is generally attended in the last
with symptoms of effusion into the
ventricles of the brain or the infant
is exhausted gradually by the continuance
of the fever or more quickly by the
accession of obstinate diarrhoea. A
favourable change takes place, sometimes
about the fifth day, sometimes later,
the child looking up for a longer
space of time than formerly, and
seeming more free from sickness.
After this the symptoms subside,
and the strength is gradually restored.



It is very common to find that at this time
one or more teeth have made their appearance.
In many cases, the fever proceeds from affection
of the bowels, but frequently it is caused by
inflammation, the irritation in the jaw operating
either alone, or in connexion with a morbid
state of the bowels. In this kind of fever,
the gums should be carefully inspected, and
if necessary, cut. Small doses of calomel
should be given morning and evening, mixed
with magnesia, to prevent costiveness, or
to evacuate irritating faeces. A few drops of
tincture of hyoscyamus, with a saline
juleb, may be given occasionally to abate
irritation. The tepid bath should be
employed once a day, when the exacerbation
takes place, and the strength supported
by the breast milk or beef tea. If he chills
he is let bled, a leech or two should be



into action in the forehead, and if a favorable
crisis do not soon take place, the head
ought to be blistered. The remittent fever
of older children is very generally traceable
to a derangement of the digestive organs
as its primary seat and source, it is
generally found to be produced either
speedily after eating some improper
substances which have not been
immediately removed from the
stomach or bowels, or gradually by
the induction of a costive state and the
accumulation of irritating faeces in
the bowels. When it proceeds from
eating some improper substance it
attacks suddenly, sometimes through-
out the day, but generally at night, and
the child is sick, pale, very restless,
extremely hot, disturbed in the sleep.



and glands. Sometimes it resembles conditions
of scalding or pain in the skin. The
tongue is at this time terribly char-
red and it becomes purple in the
jets of venous or suchlike are partly
pusulent. They are generally increased
by leucorrhoea which goes off or abates
after venation. When this fever is
brought out by a restive state or an
accumulation of irritating juices in
the vessels the attack is more
gradual. The whole being in several
days somewhat feverish and unwell.
This is generally called venousness and
produced by worms infesting the
hemorrhoidal canal. But it is possible
since all Dr Butler that this species
of fever is at all occasions by worms.
It is contended by him that it proceeds



from crude accumulations in the intestinal
passages and he recommends for its
'cure' purging. In the greater number
of cases I think he is right, though
it is evident that he has laid down
his position too generally and without
making those exceptions which
are found sometimes to exist. The
pulse is frequent, and, in the course
of the day, he has several attacks
of feverishness, during which he
is dull, and disposed to sleep or lie
down, but these do not last very long
and in the interval he seems
tolerably well, but complains when
he is not hurt. The appetite is unsteady,
he has little thirst, and the tongue is
clean. The bowels are sometimes very
open, but often bound. These symptoms



appear more or less distinctly for a week
though sometimes not so long. Then
an acute paroxysm of fever takes place,
preceded by shivering and attended
generally by vomiting. The pulse
becomes much more frequent, sometimes
140 in a minute. The patient complains
of very little pain except occasionally in the
belly, which may at times be very
considerable or if he has pain in the
head it is evidently from the stomach
for it is succeeded by sickness or
vomiting. The fever does not continue
alike severe during the whole day.
It remits but not at very regular
hours. The exacerbations which usually
occurs in the afternoon, is generally
accompanied with drowsiness. After the
attack of fever the tongue becomes



covered with a white or brown coat and both the stomach and bowels seem to be extremely torpid. The appetite indeed is soon almost lost, or the food which is taken is not digested. The bowels are generally but not always constive and the stools are foetid dark coloured, sometimes like pitch or shun and olive coloured, or green and curdy looking clay coloured, indicating a deficiency of bile. There is a great desire to pick at the nose and lips, and if the child be not watched, sometimes an ulcer is thus produced upon the lips or angle of the mouth. Generally delirium occurs in the advanced stage of the disease, and in some cases it is difficult to keep the child in bed. If the debility be considerable, the



countenance becomes vacant, the child
picks at the bed clothes, and though he
does not speak much, makes a constant
inarticulate noise. Convulsions sometimes
take place, but these are rare and are
chiefly met with in young children.
This disease runs on for a week or two
or even for several weeks and may at
last destroy the patient by debility an
event which will take place earlier
if the proper remedies are not employe
than if they be, even although they
may ultimately fail. In general,
success attends their use. Swellings
of the belly, with great and constant
fever, are very unfavourable. In mild
but lingering cases the patient is
sometimes confined to bed only part of
the day, and becomes cheerful in the



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afternoon. The stools for a day or two
improve, and then become offensive.
The appetite returns, but the fever
emaciation, tumour of the belly
and other symptoms may continue
for several weeks. The resemblance
this fever bears to the symptoms
which denote hydrocephalus
is particularly striking. I think
however, that the following
circumstances will distinguish
the two complaints from each
other. In hydrocephalus there
is a more frequent vomiting, and
as often a tapping of the hands above
the head as picking of the nose
or lips. There is pain of the head
which is wanting or if it occur
early, it is in this fever, in



paroxysms commence with sickness
or affection of the stomach. There
is screaming in the sleep, with
an intolerance of light, and more or
less of strabismus. But I think I
may say, that in the complaint
before us, there is hardly ever what
can be called screaming and there
is seldom intolerance of light and
never strabismus. In the delirium
of hydrocephalus, the faculties are
totally destroyed, and the maddening
ravings of the patient are without ~~some~~
or reason, and from this state he
cannot be roused so as to command
his attention to any object even for
the shortest period. But in the
other species of delirium, the child,
during this state, can at any time



be recalled to his senses which he
will retain for a few minutes,
acting and talking constantly.
There is in general, in this fever
more complete remission of the symptoms
at some time of the day than in
hydrocephalus, the pulse not only
being slower, but the child more
lively and easier. The stools are
more pale and darker than in
hydrocephalus, in which they
are often thin and bilious, and
sometimes glossy. The pulse in
hydrocephalus is more irregular,
and in the second stage, usually
becomes slow and intermittent. In
some instances, it is very difficult to
make the diagnosis, especially if
we have not attended the child



from the first. Fortunately in all ambiguous cases the exact diagnosis would be of more consequence in determining the prognosis than the treatment.

Treatment.

It appears that this disease, traces generally from a deranged state of the stomach and intestines, which very soon is communicated to the liver and lacteal system, but perhaps still more early affects the action of the nervous and vascular systems. The treatment in this view, will consist in employing such means as excite the functions of the stomach and bowels, such as purgatives and improve the nature of the action, thereby



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and mercurials into more natural action,
as mercurials and afterwards tonics.
At the same time, that these
remedies are directed to the original
cause, it is necessary to employ other
remedies as the particular state of
the nervous and vascular systems
may require: particularly those
that operate on sensation and
secretion as cold, heat, blisters, diaphore-
tics, &c. The first thing therefore
to be done in the treatment of
this disease is to cleanse the
stomach by a few grains
of ipecacuanha or tartar emeticum
or both, which is to be followed
with a purgative. The intestines
are usually so torpid that cathartics
would on another occasion be



considered a full dose, will have no
effect in this complaint. We cannot
therefore say what quantity may
be necessary to procure stools. Some
be answered very well, or if the state
be a swollen pith, the aloe pills
stay well on the stomach, and if
given in sufficient number, act
effectually on the bowels to assist
the migration, clysters are of great
benefit. It is necessary to use some
caution respecting the degree of
purging, which I think ought
never to be carried to a great
length as the intention is merely
to remove the contents of the
bowels, and not to produce any
great discharge from their glands.
If we do not attend to this



circumstance, the intestines will become distended with air, and the patient may run the risk of being destroyed with every symptom of typhus. It is requisite, however, to give regularly such doses as shall keep the bowels open, and support their action. Purgings is a very important part of our practice, but not the whole of it. By removing the cause of fever does not always remove the fever itself. We should therefore, besides using laxatives early, and continuing their exhibition during the disease, as long as it has, bring away offensive stools, and do not increase the



frequency of the pulse or debility.
Have recourse in the commencement
of the fever to the use of the
sponge with cold water to moderate
the heat. This is to be repeated
often or seldom according
to the benefit it produces.
Afterwards we may employ
diaphoretics such as the saline
jelap with a little antimonial
wine. Such is the practice during
the first two or three days of the
fever. Afterwards we ought to give
calomel in such doses, as both
to act on the bowels, and likewise
to produce an alterative, a slightly
mercurial effect. It is however
very difficult to affect children
in this way, or produce any



tenderness of the gums. Opium and
hyoscyamus frequently allay irritation
and accelerate recovery, by procuring
sleep. Anodyne injections are
useful in this respect, and
also for abating griping and abdominal
pain. Delirium is sometimes, but
not always, mitigated by blistering
the head, but this is always proper
when there is considerable delirium
or any pain in the head. Shaving
the head, and merely washing
it with vinegar, has also a good
effect. The diet should be
light, but it is not proper to
force the child to eat. In the
progress of the disease, barks
or other tonics are sometimes
beneficial and ought always to

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be tried. In protracted cases it is frequently of advantage to intermit the use of purgatives and use only injections, and at the same time begin the use of steel. To cleanliness and ventilation much attention should be paid and when convalescent if not in the country a removal is highly beneficial.

the first of the month of June 1864
I received of you a letter of the 25th
and was glad to hear from you
and to hear that you were well
and happy. I am well and happy
and hope you are the same.
I have not much news to write
at present. I am still in the
same place and doing the same
work. I am well and happy
and hope you are the same.
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